



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Consumer Programs
FY 2010 Municipal Sustainability Grant Application

In-Kind Technical Assistance: Deadline August 14, 2009

A. Applicant Information

To be eligible for this grant, you must assign a municipal official with access to decision-makers to serve as a contact and coordinator for this project. Please identify that person below.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Municipality or Regional Group

Municipal Official Contact Name

Municipal Official Title

Municipal Official Telephone Number (555) 555-5555

Municipal Official Email Address

Address Line 1

Address Line 2

City/Town

State

Zip Code

Recycling Contact Name

Recycling Contact Title

Recycling Contact Telephone Number (555) 555-5555

Recycling Contact Email Address

B. Applicant Program Information

How is your municipal trash currently collected?

☐ a. Drop-off ☐ b. Curbside ☐ c. Subscription

How is your municipal recycling currently collected?

☐ a. Drop-off ☐ b. Curbside ☐ c. Subscription

If your municipal recycling is collected curbside, what is the recycling collection frequency?

☐ a. Weekly ☐ b. Bi-Weekly ☐ c. Subscription

Introduction

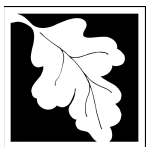
This grant is for communities seeking in-kind technical assistance (up to 80 hours per item) from one of MassDEP's Municipal Assistance Coordinators (MACs). MACs are available to assist communities on a wide range of waste reduction projects, including but not limited to:

Recycling, Solid Waste Planning or Contract Assistance

- Waste reduction outreach and education
- Municipal solid waste program assessment and planning
- Regional Initiatives such as regional contracting, regional HHW and/or reuse centers
- Implementation of school recycling, multifamily recycling, reuse, composting/organics, household hazardous waste or mercury collection programs
- Contracting for solid waste/recycling services

Planning or implementation of Pay-As-You-Throw

- In a Pay-As-You-Throw (PAYT) solid waste program, residents are charged for waste disposal based on the amount of trash they dispose. There is no direct fee for recycling.



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C. Assistance Requested

For more information regarding this grant item, please contact your Municipal Assistance Coordinator (MAC). To find your MAC, visit this website: www.mass.gov/dep/r/ecycle/reduce/macmap.htm

Select the In-Kind Technical Assistance project(s) you are requesting and indicate the number of MAC hours requested. Then complete the sections that match the type of assistance you are requesting.

- a. ☐ Recycling, Solid Waste Planning or Contract Assistance (complete sections D & F)

Indicate the number of hours of MAC assistance you are requesting (not to exceed 80):

Number of Hours

- b. ☐ Pay-As-You-Throw Assistance (complete sections E & F)

Indicate the number of hours of MAC assistance you are requesting (not to exceed 80):

Number of Hours

D. Recycling, Solid Waste Planning or Contract Assistance: Proposal Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Describe the project or program for which you are seeking assistance and how it will contribute to the advancement of waste reduction in your community. Please include a description of the programs currently in place, and changes being considered.

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D. Recycling, Solid Waste Planning or Contract Assistance: Proposal Information (cont'd)

2. Please identify the municipal departments that are in support of this initiative or will need to be asked for their support. Also identify any person(s) in addition to those identified in Section A. that will be involved in this project and the role each will play. Applicants are encouraged to provide letters of support.

3. Discuss any timing issues or other concerns that might impact the project.

4. Lay out the timeline, what you hope to accomplish and the direct and indirect benefits of the project.

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E. Pay-As-You-Throw Assistance Request

1. How many households would your new PAYT program serve? _____

Number of Households

2. Below, indicate the type(s) of assistance needed (check all that apply):

☐ a. PAYT cost/benefit analysis.

☐ b. Educational presentations for public meetings.

☐ c. Development of educational materials for program implementation.

☐ d. Other – Describe Below:

F. Certification. All applicants must complete this section.

"I am the municipal official with authority to apply for and accept state grants, and I certify that the information provided here is accurate to the best of my knowledge."

Signature

Print Name

Title

Date (MM/DD/YYYY)

APPLICATION DEADLINE: August 14, 2009

Return completed application to:

Tina Klein, MassDEP, Consumer Programs, 6th Floor, One Winter Street, Boston, MA 02108

Or email to: dep.municipalgrants@state.ma.us

Note: Application must be received at the address above by August 14, 2009 at 5:00 p.m.
If application is emailed, it must be sent from an official municipal email address.